ENTRY BLANK			
PLEASE TYPE OR PRINT		Entered previous May Show	
		Aves	□ no
☐ Ms. Mr. Artist THE	OMAS R.	ROESE	
Permanent			(Last Name Last)
Address 17311	OTANI	COURT	STRONGSVIL
Street		238-2232	City
	Area Code		
Temporary or Studio Address			
Street			City
	Tel. (-)		
Zip	Area Code		
If you do not prese Western Reserve, w			
Collaborator	(If Any)		
If May Show entrie	s are not acc	epted or not so	old:

LE

Artist will pick up at Museum. Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Thornas K. Kues

DO NOT DETACH